

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days) ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City,
(If outside city or town limits, write "RURAL")
(d) Street No. 7332 Cornell Ave.,
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

96
3
5
NR

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Jane Catheliane Pelligreen.

3. (b) If veteran, name war No 3. (c) Social Security No. None

20. DATE OF DEATH: Month Oct. day 13
year 1942 hour 4.45 minute P.M.

21. I hereby certify that I attended the deceased from Sept 19/1942
Oct 13 1942 to Oct 18 1942
that I last saw her alive on Oct 15 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence J. Pelligreen Sr. 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Nov. 30, 1895.
(Month) (Day) (Year)

Immediate cause of death..... General Peritonitis Duration 8 days

8. AGE: Years Months Days If less than one day
46 10 14 hr. min.

Due to Perforated Duodenal Ulcer
Due to Chronic bleed
3 yrs duration

9. Birthplace Connecticut
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions.....
(Include pregnancy within months of death)

11. Industry or business

Major findings:
Of operations Perforated Duodenal Ulcer PHYSICIAN
Of autopsy..... Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name John J. Connor
13. Birthplace Connecticut
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Collins
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence J. Pelligreen Sr.

(b) Address 7332 Cornell Ave.,

17. (a) Burial (b) Date thereof Oct. 17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark,

(b) Address 1125 Hodiamont Ave.,

19. (a) OCT 15 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature A. L. Husted (M. D. or other).....

Address Hess, Illinois Date signed 19/10/42

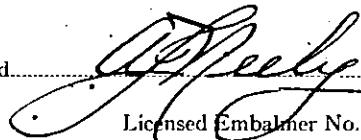
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Albert L. Hertel
3606 Gracious Ave.,
LA. 7890.

2-4-30
P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No..... 3225

P. O. Address..... 1125 Hodiamont Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.